

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; BUILDING 20; SUITE 2-36
NORTH ANDOVER, MASSACHUSETTS 01845



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APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

DATE: _____

LOCATION: _____

HOMEOWNER NAME: _____

LICENSED INSTALLER NAME: _____

PLEASE PRINT

SIGNATURE: _____ **TELEPHONE#** _____

✓ CHECK ONE:

FULL SYSTEM REPAIR: _____ **(\$250)**

COMPONENT REPAIR (indicate what parts): _____ **(\$125)**

*** NEW CONSTRUCTION:** _____

*** If NEW CONSTRUCTION, please attach the Foundation As-Built Plan.**

\$250.00 or \$125 Fee Attached?	Yes _____	No _____
Project Manager Obligation From Attached?	Yes _____	No _____
Foundation As-Built?	Yes _____	No _____
Floor Plans?	Yes _____	No _____

Approval of Health Agent _____ Date: _____